

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address  Sevan Gorginian, Esq. (SBN 298986) Law Office of Sevan Gorginian 450 North Brand Blvd. Suite 600 Glendale, CA 91203 T: 818-928-4445 F: 818-928-4450 sevan@gorginianlaw.com	FOR COURT USE ONLY
<input type="checkbox"/> Debtor(s) appearing without an attorney <input checked="" type="checkbox"/> Attorney for Debtor(s)	
<b>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - SAN FERNANDO VALLEY DIVISION</b>	
In re:  LUSINE C. DOKUZYAN,	CASE NO.: CHAPTER: 7
<b>DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE</b> [11 U.S.C. § 521(a)(1)(B)(iv)]	
Debtor(s). [No hearing required]	

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1.  I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

**During the 60-day period before the Petition Date (Check only ONE box below):**

**I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)

**I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 3-10-22 LUSINE C. DOKUZYAN  
Printed name of Debtor 1

x Loinoz  
Signature of Debtor 1

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.